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The Integration of the Traditional Jewish Physician into Modern American Medicine

By

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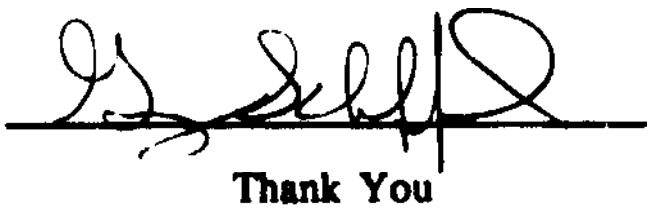

Thank You

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Chapter 1

The Anthropological Approach

The following is an account of an ethnographic field study. The objective of this project was to study Jewish physicians in the context of modern American medicine. I attempted to look at how traditional Judaism affects doctors in the medical setting today.

The relationship between experience and its expression is always problematic. The relationship is clearly dialogic and dialectical, for experience structures expression, in that we understand other people and their expressions on the basis of our own experience and self-understanding(Bruner 1986:6). The problem arises while differentiating between what is really happening in a specific situation and what is being experienced by the conscience of the subject and of the ethnographer. The anthropological enterprise has always been concerned with how people experience themselves, their lives, and their culture. Anthropology strives for an inner perspective of the subject(Ibid. : 9). To facilitate this process, the ethnographer tries to remove his/her own experience to be more objective in recording the "reality" of the subject. However, one must interpret the experience of the subject through the eyes of one's own experience. This dilemma can be modified by the indigenous ethnographer. Although a different set of problems arise with the indigenous ethnographer, a

similar basis of experience from which to view a subject can lead to deeper understanding of the subject's experience.

Differing rules for the enterprise of ethnography are now emerging in many parts of the world. Researchers are being forced to get involved with legality and other native matters. Formal restrictions are being imposed on ethnographers by indigenous governments at the local and national levels(Clifford 1986:9). The "indigenous" ethnographer is a new concept being used to combat these restrictions that are preventing outsiders for doing effective ethnography. Insiders studying their own cultures offer new angles of vision and depths of understanding. Their accounts are both empowered and restricted in unique ways(ibid. :9). Anthropology no longer speaks with automatic authority for others defined as unable to speak for themselves(ibid. :10). The ethnographer for this project was very much "indigenous." Many of the disadvantages that Clifford and Marcus propose were, in fact, present. However, my own Jewish background helped me to develop relationships and formulate questions that produced a more vivid description of the experience of the Jewish physician.

Learning the medical practices of a particular culture helps us to understand the differences that exist in the knowledge for curing the sick. The study of medicine from an anthropological perspective can also produce understanding of other aspects of the culture of which the medical system is a part(Anderson and Foster 1978: 51). The understanding of disease, where it comes from, and how it can be cured are all culturally determined concepts. How a culture accepts an individual when he or she is ill, rules about when it is acceptable not to work, and the responsibility of others to the ill--these are all examples of culturally defined components of a medical system. Healing

practices develop over time as individuals in the culture develop experience seeing and treating various ailments. Environmental and social change also can contribute to the accumulation of medical knowledge(Ruffini 1984:148). Religious and magical ritual are often important cultural components that influence healing beliefs(Ruffini 1984:148). Ethnography cannot help but include religion in discussions of medical practice.

Modern biomedicine has attempted to remove what we now classify as personal beliefs such as religion from any influence in medical decisions. It is evident, however, that within American society, religion and other personal beliefs do influence the manner in which medical practitioners deliver care. To what degree does Judaism in particular have an effect on its practitioners? Is the rigid and highly structured lifestyle by which many Jewish physicians live transferred into their medical practice, and if so, how?

In 1981 Peter Stromberg conducted a study of a group of Swedish Protestants in order to show that, although church members had differing interpretations of key symbols, an underlying structural consensus could be isolated for their cultural identity; an "invisible" cultural consensus underlies the manifest variation in interpretation among individual church members(Stromberg 1981:2). Many of his ideas can be applied to the Jewish faith to help explain some of the underlying differences between my informants. Stromberg's informants had varying levels of belief as did mine. Stromberg points out, however, that despite these differences in belief, "....there was a remarkable degree of internal consistency in ways each of these men related the Word(Bible) to their experience."(ibid. :12). The system(the religion) exerts a common influence on believers not as a logical theology, nor as symbols that bear particular meanings, but as a framework on which individual belief systems

can be elaborated(ibid. :13). Similarly, the informants in this study see Judaism as a major part of their life whether they are "religious" or not. Each person uses the ideals of Judaism as a framework in an individual way to form his/her own system of understanding.

Judaism has accepted modern biomedicine but approaches the discipline with the same structured and rigid requirements that are placed on other religious aspects of the culture. Many points of view exist as to the role of the physician within the medical environment. One author has a highly traditional interpretation and states that any avoidance by the physician to administer treatment can be considered the same as "shedding of blood"(Abraham 1984: 110). Conversely, one of my religious informants confessed to refusing an AIDS patient when that person needed surgery. He was concerned with the safety of himself and his coworkers. The Jewish position on death and dying is also very rigid. It is forbidden to stop drugs or oxygen or to avoid giving treatments, even if this may result in the prolongation of suffering(ibid.: 144). However, it appears that Jewish physicians may not be following these religious positions very strictly, as many of my informants stated clearly that quality of life was a concern when dealing with the continuation of life sustaining treatments. Why are Jewish physicians able to follow many of the Jewish laws in most aspects of their lives yet disregard the ones that are applicable to medicine? Is Jewish tradition being consumed by the pressures of modernization? Do Jews who live in an advanced American society have to leave traditional practices in history? These are the questions that this study seeks to investigate. The experiences of my informants can lead to some understanding of these detailed questions.

Hammersley and Atkinson see the ethnographer as one "...who participates, overtly or covertly, in people's daily lives for an extended period of

time, watching what happens, listening to what is said, asking questions; in fact collecting whatever data are available to throw light on the issues with which he or she is concerned" (1983:2). Many of the components of this definition are well aligned with my experience. My informant relationships were often superficial, but as an ethnographer, I worked at accomplishing several of the above criteria.

Research was conducted during the 1988-89 academic year. All names that appear in the text are psuedonyms to protect the privacy of my informants. During my interviews, I used a combination of collecting life histories and discussing hypothetical situations to understand the basis for the decisions the physicians I interviewed are making. I primarily emphasized euthanasia as the topic to be studied. My questions probed the environment that the informant grew up in; how Judaism has remained a part of his life today; to what degree they bring Jewish beliefs into their medical practice; how individuals who live strictly by the Halachah(laws) of Jewish life cope with patients who wish to terminate their lives before death is imminent; and their basis for making ethical decisions in real case situations.

Chapter 2

The Jewish Way

The following passage is provided to illustrate the essence of the Jewish faith. These ideas are based on the lifestyle of the observant Jew. Although several of my informants do not lead a religious lifestyle, many of the major concerns of the religion do contribute, if only minutely or indirectly, to the motivations behind their actions. I hope that this picture of Judaism will enable the reader to understand some of the principles and ideals of the Jewish religion that influence my informants in the medical environment.

We walked down California Avenue on our way to shul(synagogue) for the first of several Sabbath services. The sidewalks were speckled with black as all of the black-hatted religious men journeyed to their place of worship, while their wives stayed behind at home preparing the exquisite Sabbath meal. We walked briskly so that we would get to the Kollel(the place where a married man goes to learn Talmud) before sundown. As others would pass us, a simultaneous, "Gut Shabbos"(Good Shabbos) would be uttered by both passers-by. Without exception, each person that we passed was greeted with, "Gut Shabbos."

Upon our arrival at the Kollel, several of the men were already deep in prayer . The sanctuary was not in any way decorated to provide a warm spiritual

presence as are many other churches and synagogues. Instead, spiritual awareness was created solely by the individual without assistance of dim lights or extensive decoration. The room had long folding tables with fancy white tablecloths. It was evident that the room was used for Talmud study most of the time. David proceeded to join in the prayer service from the beginning without the assistance of others. There was a leader at the front of the room, but he did not lead the service through oral instruction. At certain points in the service, however, he would raise his voice for a line of the chant so that the congregants were able to follow if they had fallen behind. The Sabbath had been welcomed in by the first service and it was time to change the focus of one's life for the next twenty-four hours in order to enjoy the spirit of Shabbos. Throughout the one day period, time is spent with family and friends without concern for the outside world. The weekly routine refreshes the individual after a hard week and prepares them for the week to come.

The walk home was similar to the walk to shul: all who walked by were greeted, and anticipation was great for the meal to come. David's wife had prepared for long hours, as she does each week, for the evening meal. The meal itself lasted for more than three hours. Course after course was presented to the guests as everyone indulged in a variety of food and drink and long conversations about a number of different topics. After the meal was over and the guests left, David and I helped his wife remove everything from the table so that the meal for 11:00 a.m. the next morning could be prepared. At midnight the lights would shut themselves off by automatic timers, yet the conversation continued. The three of us talked for another hour until we were too tired to keep our eyes open. At this point, David decided to do some "learning"(Talmud study) before bed. He moved into the kitchen where a single dim light remained

illuminated throughout the night. Morning came soon and we returned to shul for more prayer before the next large meal.

To the most observant Jews, Judaism has remained relatively unchanged in its traditions for many centuries. This point can be seen clearly in the book Life is With People by Mark Zborowski and Elizabeth Herzog(1952). It is a vivid portrayal of small-town life that existed in the shtetl(Jewish ghetto) communities of eastern Europe in the early twentieth century. A major portion of the book is devoted to discussions of Shabbos rituals as they occurred in the shtetl communities. Despite the gap in time and space, these descriptions were shockingly similar to the experience I had in 1989. Items served at the meal such as fish and egg bread(hallah); step-by-step rituals that occur during Shabbos such as hand washing ; and logistical problems such as the "short Friday" of midwinter--all these were described precisely in the book as they occurred during my recent experience. The following excerpt from Life is With People could also be viewed as an exact description of what I witnessed:

> The lengthy meal begins with the blessing of the hallah. The father silently and deliberately removes the napkin, lifts the two loaves, holding them together, then sets them down again. He passes the knife over one of them, then cuts the other in half and gives each person a slice. Each one breaks a bit from his slice, dips it in salt, and 'makes the blessing' for bread. ...When the ritual prologue is finished, the mother brings in the fish, spiced and perhaps sweetened, and gives each one [at the table] a piece. The father receives the head deference to his family status and he may then present it to his wife in token of her excellence and his esteem. The fish is followed by chicken broth 'clear like amber' with the finely cut noodles, after which comes boiled beef or chicken , or both.

It is remarkable to see the similarity in the two traditions as the events happened close to a hundred years apart. This continuity is echoed in the fact that in the eastern European shtetl as well as is currently found in American households, Jews celebrating Shabbos feel a sense of community shared by other Jews around the world at the same time. Zborowski and Herzog(1952:57) state that the Shabbos experience creates "a sense of proud and joyous identification with the tradition, the past, the ancestors, with all the Jewish world living or gone."

Judaism has maintained these traditions for thousands of years. Although each home adds its own flavor and spice to the rituals, the underlying concepts have remained the same. Members of the religious tradition feel that the disciplined and rigid lifestyle that they lead is the only division of modern Judaism that truly represents the qualities of being Jewish. They feel that the "reform' and "conservative" sects will cause the eventual disintegration of the Jewish religion. To orthodox Jews, each Jew must honor the "privilege" that has been bestowed upon him/her to contribute to the prolongation of the Jewish faith. Because of the destruction and extermination that Jews have faced through the millennia , these religious Jews feel that all Jewish people have an obligation through their actions to preserve Judaism. Some methods people use to meet this end include: avoiding inter-marriage, having many children, and observing Talmudic law.

The Jewish tradition is one that dates back 5749 years. The Torah is the "written law." This term is deceiving because Torah is not actually a collection of laws, but a collection of stories from which 613 laws are derived. The "oral law," called Mishna, is actually a written collection of laws(Halachah) that a Jewish person is commanded to obey. Throughout the thousands of years of Jewish

history, Torah scholars(rabbis) have made interpretations of Torah for members of their respective communities to follow. These "oral" interpretations were collected and written down in a single collection. Thousands of new laws were established to adapt modern ways of living to the original purpose of the Torah. Since the time that Mishna was written down, other rabbis have written interpretations of the Mishna, called the Gemora. Together Mishna and Gemora are called Talmud. Talmud covers every aspect of life. Any question an individual might have concerning any aspect of life can and should be answered through Talmudic interpretation. It is every man's obligation to learn Talmud. My informant David indicated that every man has a "need" to learn Talmud in order to incorporate its precepts into his life. It is the woman's role to maintain the home and family. For many Americans, the deemphasis on women helping to earn a living and on doing the so called "dirty work" of the home give the women's role a less important conotation. In fact, Jewish woman are considered of equal or greater value to the men. It has been communicated to me that the division of labor is quite equal.[1]

What, then, is the Jewish way? Observant Jews live a remarkably disciplined lifestyle in which their emphasis is on "giving" of themselves to others and obeying the laws of Talmud. They have a strong sense of community and loyalty toward friends, family, neighbors, and their religion. Learning is a vital part of their religious obligation. This type of learning promotes intellectual argument; where Jews have assimilated into other cultures, this assimilation has generated an intense work ethic in education. In particular, medicine has

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[1] Today, this notion concerning the division of labor is very much in contention by some women.

always been an academic field in which Jews have excelled and have been welcomed(Graupe 1978:202).

I catagorized my informants into three different groups: religious physicians, nonreligious physicians, and rabbis. Though my experience with the nonreligious informants focused mainly on medical issues, the religious informants additionally clarified for me the meaning of living a Jewish life style. Within Judaism there exist three different approaches to leading a "Jewish" lifestyle. Although there are three distinct names for these philosophies, the level of observance is of primary importance. It is difficult to place every Jewish person within one of the three categories. Many different Jews associate themselves with what might be labeled a reform, conservative, or orthodox synagogue, but each family is observant of Halachah in an individual way. Some Jews choose to live their lives strictly by the Halachah of Talmud. Others choose to become far more assimilated into American society. This way, they can maintain some of the Jewish traditions while, at the same time, live a typical American life style. Still other Jews find a level between highly observant and completely assimilated. The views of my informants varied. Some observant Jews feel that the nonobservant Jews are "ignorant " and do not follow Jewish law more closely because they do not know any better. Other nonobservant Jews feel that they are equally as Jewish as other observant people, but that prayer is not a part of their lives.

Chapter 3

The Field Experience

A. Reflections on the Study of Others

I walked into a room and waited to catch the attention of one of the receptionists who was directing people to different areas of the office. Seated around the periphery of the room were people of all age groups. The room was silent; some of the patients were slumped in their chairs, others had somber looking expressions. I looked down the hall where I saw three small, uniform size rooms. The door to the first was open enough so that I could see one wall. Certificates, plaques, diplomas, and other awards were hung from one end of the wall to the other. Suddenly, a man with a white lab coat walked through the doorway. I immediately sensed his distinguished manner evident in his crisp white shirt, striped tie, and navy blue trousers. He held his hands at waist level and slowly massaged his priceless fingers as he walked. We made eye contact, so I acknowledged him, but he was rock-solid and turned his head to kept walking.

These were my impressions while waiting to meet my first informant. A prominent nuerosurgeon in the community had agreed to speak with me on an afternoon during his office hours. From this experience, I knew my task of

learning about doctors would take endless self-control. To obtain a reliable understanding of how Jewish doctors are coping with modern medical ethics was made more difficult for me because of my personal admiration of the men I was studying. Their stout and confident aura was very intimidating. I recognized that this was the nature of ethnography and that as I approached my informants, I could not allow my own emotions to get in the way of my objectives.

Many recent works by anthropologists and medical scholars have centered on just how accurate writing can be in describing a personal experience. Can ethnography accurately duplicate the reality of a group of people? James Clifford writies that, "Since Malinowski's time, the 'method' of participant-observation has enacted a delicate balance of subjectivity and objectivity. The ethnographer's personal experiences, especially those of participation and empathy, are recognized as central to the research process, but they are firmly restrained by the impersonal standards of observation and 'objective' distance"(Clifford 1986:12). To what degree does the anthropologist's own personality and cultural experience invalidate or add credibility to his/her ethnography? In my experience during fieldwork, this issue could not have been more present. Being an American, white, Jewish male on the verge of becoming a doctor established several barriers while trying to study American, white, Jewish, physicians.

Besides the obvious difficulties that exist such as obtaining entreé into the group to be studied, establishing personable relationships with individuals was much more difficult than I anticipated. One example of the difficulty I had occurred while asking about the meanings of religion. It is very difficult to become friendly enough with someone in only a few minutes to talk about personal topics such as religion(at first, my interviews lasted 15-30 minutes in

my informants' offices). My conception of fieldwork always seemed to be based on the notion that the anthropologist is welcomed into a community with open arms and the people to be studied agreed that when the foreign person asks any questions, they should respond in a thorough, patient, and compassionate manner. Even more outrageous, I was, at first, shocked when my informants did not respond with lengthy answers or when they could not take time out of their day to speak with me. It did not take long for me to get over these feelings, but it was a definite change in my romantic portrait of learning about other people.

My project is one that has inspired me from many different angles. Since my own career will ultimately lie in the analytical structure of modern medicine, the thought-provoking discipline of cultural anthropology enables me to open my mind to experiences beyond the sciences. A second source of inspiration to conduct a project such as this comes from my curiosity to understand physicians. I never have been in a situation to understand what a physician is as an individual. The time that I have spent within the medical environment has forced me to always be subordinate to the physician. Since my career goal is to become a physician, I was interested in experiencing these people on an even level. A third point of interest I had in starting the project revolved around the fact that I am Jewish. Judaism has never been a dominant part of my life, but since I have been in college, many questions have come to mind concerning my belief in God, the purpose of religion, and the degree to which the level that I follow Judaism is acceptable. Each of these points of interest motivated me to enter this research project. Because these motivations are very personal, I was able to use them to my advantage; however, they also caused problems to arise.

On the surface, the primary reason that my informants agreed to see me was because of my personal interest in the study. The fact that I have chosen to

to pursue a career in medicine, and that I am interested in how Judaism is approached by Jewish physicians, were important considerations for these doctors and rabbis to take the time to speak to me. If I were not white, male, Jewish, and attempting to become a physician, I think the doctors would have been less tolerant in giving me their time and in answering some of my questions. They seemed to understand my young, curious mind, as if they had once sought answers to similar questions, and they now could provide a neophyte with the answers they wish they would have been able to attain. The fact that I know prominent Jewish elders in the Champaign community also helped me to find people to contact and to have a common person to talk about with my informants. We often speak of the "cultural baggage" that the anthropologist brings to the field and how it influences his/her research; for my project, it was my cultural baggage that brought me to the field. It is doubtful that the questions I was able to ask and the answers I was given would have been the same had I not been "pre-med," Jewish, and male. My informants presented their answers in a way that was a true picture of their views while making sure that I understood that they were speaking to me because I would some day be a Jewish physician. At times, I felt that I was using my career objective to somehow validate the purpose for their spending time with me.

However, once I entered the offices of these doctors and rabbis, the qualities that enabled me to catch their attention put me at a real disadvantage in trying to conduct quality fieldwork. For one, the site of a successful physician made me extremely nervous. These men epitomize what I hope to be. Whether I was in the surgical suite or inside their lavish homes, the situations made me slip into an uncontrollable reverie about my own future. My amazement at these men also detracted from how professionally I felt that I should conduct myself. I

was very hesitant because I did not in any way want to inconvenience, offend, or make my informants uncomfortable. The fact that I am Jewish also affected the project. Because I dealt with people who exist at different levels on the spectrum of Jewish knowledge, my level of knowledge always seemed to create a problem. The doctors who were more reform Jews seemed to resent my apparent ignorance on the subject as if I were asking questions whose answers were obvious: "..if I know the answers, how can you not know the answer?..": on the other hand, very religious doctors and Rabbis appeared to reason: "...this guy calls himself Jewish, yet he does not know the answer to that basic question...." Because I am Jewish, I had the feeling that my naiveté was resented by informants on both ends of the spectrum. The "baggage" that brought me into a very interesting community of people to study a subject closely related to my own life also created expectations on the part of my informants with which an outsider may not have been presented.

Although my informants were quite easy to find, and their willingness to help was more than could be expected, the nature of their professions limited their availability. Initially, it was quite discouraging having to pursue these people with no confidence that an appointment with me could be fit into their schedules. It consistently took several phone calls to obtain appointments with the physicians. Emergency calls would frequently cut interviews short or cancel them completely. When we finally were able to sit down and talk for a while, I often felt rushed to ask questions so that I could raise all of the important issues while making sure that I was not taking up too much of their time. My concern that the doctors not be uncomfortable or inconvenienced added pressure to the situation when they made comments about how much longer the interview would take or about how many more questions I had.

Another impediment was that we were almost always in an office, sitting across a desk or table. This created an uncomfortable, highly structured, and superficial conversation. Except for one individual, I was never able to understand these people beyond their lab coats and prayer books. The relationships I had with my informants never went past a brief interview. Knowing them as a whole person was impossible because of the time constraints and the formal nature of the interviews. For a while I thought my study could be compared to a sociological survey done in person instead of by mail. I asked very similar questions of all of my informants and hoped that a regularity would surface among all of the different responses. According to this logic, the more interviews I conducted, the more valid the data would be. Towards the end, however, I was able to talk to several informants in a more relaxed setting. Moreover, when I would speak to informants on the telephone, their views would surface just while we were talking; it did not take formal questions to get the information. I was able to get many of the same answers as I did in the formal setting, but the "natural" environment of the conversation enabled me to learn more about that person beyond his attitudes on specific questions. I felt, at times, that I could not call what I was doing anthropology because I never got the chance to "hang around." There was one occasion when I met an informant on an informal basis, to exercise. In this instance, the conversation was very relaxed and informal. On most other occasions, I felt like an investigator instead of an anthropologist. The formal nature of the relationships I had with most of my informants detracted from my experience. This does not mean that I did not learn from the experience, but one of the distinguishing features of anthropology is befriending one's informants; unfortunately for me, this was not possible.

B. Impressions of My Informants

My initial experiences were with the nonreligious physicians. These men consider themselves Jewish in every way except that they are not actively "religious." They live what they consider a Jewish lifestyle but do not spend much time with prayer. Food, humor, social life, and major Jewish holidays are all part of their Jewish experience. They are more aware with what American society dictates as being acceptable, not what Talmud views as acceptable. Two of the nonreligious doctors had been religious as youngsters, but grew away from it as adults primarily because of the communities in which they work. Whatever the religious backgrounds of these individuals, they all seem to take pride in possessing a strong Jewish identity. All of my informants whom I would consider nonreligious were unique in the type of medicine they practiced, their religious life at home, and in their attitudes toward maintaining the suffering patient. The major recurring theme that existed in each of the conversations concerned the adaptability of Judaism. Each informant used this word to describe how traditional Judaism would cope with changing medical technology. One man even had some prior knowledge of the Mishna and stated that the "Jewish way is to do things right, things that make sense, and things that are fair." Based on this, he said, you cannot have cut and dried laws in these advanced situations. Obviously, when the Mishna was written down, advanced techniques for artificial ventilation, synthetic pain medications, and sterile

surgery that could significantly extend life did not exist . By this logic, if you are "doing things right," God will understand and Judaism will make it through these dilemmas. Another informant even compared this dilemma with those of the Egyptian exile and the Holocaust, pointing out that the Jewish tradition has made it though these major catastrophes and is still flourishing. He reasoned that the same understanding and influence of God that carried Jews through those situations will help carry the Jewish religion through problems associated with medical ethics.

When it came to the observant Jewish physicians, my informants and I spent at least half of our session discussing the impact of Judaism on their lives. These highly observant Jews live by as many of the 613 Halachah of which they are aware. No aspect of their lives is not influenced by Judaism. Daily prayer, dietary specifications, and laws of Shabbos are only a few examples of ways that an observant Jewish individual is restricted while having to assimilate into American society. For example, on the Sabbath(Saturday), one may not perform any type of work; or may not operate or use anything motorized, no money can be carried, and no electric or gas stove ignited to cook food. One person told me his family pre-tears toilet paper on Friday before sundown because tearing is considered doing work.

As difficult as these restrictions may seem to an American, observant individuals feel these practices enhance their lifestyle. A doctor pointed out that, "American culture is the antithesis of the observant Jewish home." Rigid expectations exist for cleanliness, high morals, and nonindulgence. Respect for parents, respect for established ideas, respect for religion are primary concerns. Family and community relationships are very close. Prayer is a regular part of each day. When Shabbos arrives at the end of the week, it is described as a

wonderful experience in which family and friends are together and life is celebrated.

How does the observant Jew feel about modern medicine? Surprisingly, observant Jews who lead this highly structured lifestyle appear to feel very similar about medicine as do the nonobservant Jews. Each of my informants, with the exception of a few specific examples, seems to have the ability to separate his religious lifestyle from his job as an American physician. No matter how involved in religion these individuals are, they do not carry the majority of their Jewish ideals into medical practice. They are all very aware of the realities that exist in American medicine today, both legally and morally. This is not to say that Jewish ideals are left at home, but each doctor took a very objective approach toward his patients. Terms such as "risk vs. benefit" and "discussing different options of payment" indicate that observation of Jewish law is not the sole factor in their decisions. Free enterprise, making a comfortable living, and the option to refuse patients treatment are all recognized by most of the observant Jews although these factors are detached from Jewish ideals.

Two observant informants seemed to stay well within their religious framework of values as they practiced medicine. One could not say that they were unaware of American legal pressures or that they overlooked American norms and ideals purposefully, but these men view Jewish ideals as being more important than that system of American values within which they work. It should be emphasized that this type of situation occurred far less often then did the scenario where the observant physician assimilated while practicing medicine. Nevertheless, I was able to observe individuals who brought their religious values into the hospital setting.

American medicine is, of course, deeply embedded in norms and obligations of American culture. It is a twenty-four-hour-a-day, seven-day-a-week business. It never slows or veers for anyone's personal needs or specifications. Observant Jews are prime examples of individuals needing special treatment so that they can practice their religion. The long hours of medical training are especially rigorous for this group of people. Because of Shabbos restrictions, they cannot work for a twenty-four hour period at a point in the week in which medical offices are very busy. Having to miss 1/6 of the work week and 13 holidays during the year does not keep employers happy. Professional meetings where meals are served are often uncomfortable for the observant Jew and are usually avoided. Jews who wear the traditional Yamulke(skull cap) in public as a sign of allegiance to God are often stigmatized in the hospital setting through anti-Semitic reactions of patients and guests. The holiest of the ancient Jewish tribes, the Kohainem, are not allowed to be in the presence of dead bodies. American Jews are often aware of which tribe they are descendants of and must cope with the fact that if they choose to be a doctor they will be in the presence of dead bodies. One religious informant indicated that his boss, a man who is a nonreligious Jew, was a Kohain. This obviously did not matter to the boss, but my informant was greatly disturbed that this man became a physician despite the fact that he is of priestly descent. Each of these examples illustrates how the observant Jew must be tolerant of societal pressures. Choosing to be an American physician while practicing observant Judaism requires a great deal of self-confidence on the part of the individual to look past lost opportunity in their careers and see beyond the stigma placed on them by peers and patients.

One informant commented on "Jewish Games" that religious people play to avoid the strictness of a certain religious obligation. The best example was of setting a timer on the television so that it will run on Shabbos to enable a family to watch a ball game. The ethical dilemma here is that although no one actually turned the television on, watching the TV set on Saturday is not within the spirit of Shabbos. Technically, it is permissible, but in a traditional sense it does not fall within the purpose of the Sabbath day. This opened an important discussion that can be applied to medical ethics dilemmas. In American observant Judaism, a dichotomy exists between spirit and obligation. Some individuals follow Jewish law as an obligation and really do not "feel" the essence of engaging in such practices. Others engage in religious practice to maintain the spirit of the Jewish tradition that has existed for close to six thousand years. These differences can be applied to medical practice. Staying within the Jewish spirit while making medical decisions is sufficient for most observant Jews. Theoretically, these people should follow strict Jewish law while within their medical practice, but sometimes the law is not clear. It seems that in these cases doctors try to solve the conflict to their personal advantage instead of choosing the ideal Jewish resolution. Just as one might find a way around the Jewish law to watch the ball game on Shabbos, so might one find a way in their medical practice to resolve a problem that is technically permissible but generally not in the spirit of Jewish ideology. However, this resolution may be the most comfortable and practical within American society. My informants seem to maintain their observant lifestyle at home because it is comfortable, it provides a positive environment to raise children, and because their conscience tells that it is the right thing to do.

My final group of informants were Jewish religious scholars. Becoming a rabbi is a process of engaging in scholarship whereby an individual learns Talmud to the approval of a governing body of senior rabbis. Rabbis generally lead prayer services and provide guidance to their congragents concerning appropriate Jewish attitudes and actions. They often research, in Talmud, Halachah pertaining to a certain dilemma with which a person approaches them. They then make an interpretation of the law to help this individual resolve the problem in a Jewish fashion.

These men were able to help me understand the Jewish position on euthanasia and physician obligation. Both rabbis with whom I spoke made it clear that their job is to help people understand the Jewish perspective on relevant issues that concern their lives. Many times people will look to the rabbi for a justification for something. The rabbi can express his personal views, and extend personal empathy to the people, but as a rabbi, he must advocate only the Jewish principles. One rabbi offered the analogy of being asked to marry a Jew with a non-Jew. Although he can be joyful for the two individuals on a personal level, he is forbidden by Jewish law to perform the marriage ceremony. This does not mean, however, that in reality all rabbis will refuse to perform a "mixed marriage". In fact, some do. While discussing ethical issues that exist in medicine, both my informants emphasized the supreme sanctity of life that is fundamental to Jewish thought. They made it clear that they could feel personal sorrow for individuals whose families had suffered damage to the extent that death was imminent, but from a rabbinic point of view, if there would exist any possibility for life, the person must be saved. They did acknowledge modern medicine as creating situations in which one particular Jewish law could not be

applied. In these cases, they examine many different laws and produce a solution based on a combination of related material.

American physicians are very difficult people to understand. Their profession grants them a tremendous amount of autonomy and the decisions they make are often not formally evaluated except by their peers. For this reason, their ideas and motivations are individual and private. Practicing medicine is an art; each "artist" does what he or she feels is correct for the successful treatment of an individual. Adding the element of Judaism with its individuality to one of these "artists," it becomes even more difficult to pinpoint where their motivations for approaches to treatment lie. Consequently, being interviewed, being asked detailed questions, and being inspired to reflect on their style of medicine is unusual for these men in that they are generally not asked to do such activity.

In the following chapter, I have attempted to introduce some of my informants with whom I became closest, in hopes that the reader can become acquainted with some of their personality characteristics to understand how Judaism affects their medical practice.

Ch

Understandin formants

Because of the great diversity that exists within the Jewish religion, my informants varied in their ideological position within Judaism and their approach to daily practice. Earlier I discussed generalizations that I perceived from the different groups of informants according to their levels of belief. In this chapter, I would like to introduce some of my informants personally in order to demonstrate how the aforementioned trends applied. The people whom I will discuss are each located along a continuum from extremely non-observant to highly observant. This will be evident in the stories they tell.

Nelson, a cardiovascular surgeon, comes from a line of what he calls "cultural Jews." Born and raised in the "Ghetto" of New York City, Nelson claimed to have a strong Jewish identity, but not one involving prayer. There were families in his childhood neighborhood who were religious, but it never occurred to him to change his ways. His assimilated views about Judaism are carried into his medical practice. Nelson has a strong feeling about the deterioration of the physician's autonomy within medicine. In his view, lawyers and ethics committees are detracting from the doctor's ability to practice quality medicine. To him, the concept of euthanasia is something dictated strictly by American law. According to Nelson, "Personal beliefs cannot be involved in decision making because the laws have become so rigid." Nelson was driven

by the point that doctors of today do not dare step out of the boundaries of American law because being sued is such a threat.

Nelson did discuss how Judaism has had an impact on his medical practice and some of his motivations for continuing his practice in light of these societal pressures. Nelson said that the unique thing about Judaism is that it does what is best for humans. As other doctors, religious and non religious, pointed out, the doctor must do what is right. He claimed to conduct his medical practice in a Jewish context that is based on teachings from home and the environment in which he grew up.

Nelson discussed with me one example of a euthanasia case. It involved an individual who developed complications after major surgery. The outlook for a reasonable life afterwards was not good and the person wanted to be left alone to die. Nelson would not allow this because, as he put it, "I've worked too hard..." to give up on this patient. He felt that a reasonable chance existed that the complications would be reversible. Nelson says that the doctor needs to have a feeling for when to "give up" and when to continue pursuing treatment. This feeling, of course, must be understood with the American legal system in mind. These decisions are clearly not based on Talmudic precepts for the sanctity of life and the individual's obligation to sustain his own life. These attitudes are more in line with American sentiments of greed and self-fulfillment than any value a religious Jew would condone.

Another nonreligious informant, Julian, also provided me with a perspective on euthanasia and medicine that provided new insight to my questions. He grew up in a religious home but has since moved away from practicing religious rituals as an adult because of the community in which he lives. He contends, however, that his obligation to Judaism still plays on his

conscience. Julian had a very humble manner and was extremely approachable. His sincerity and interest in speaking with me were easily recognized. Considering that our conversation occurred during a forty-five minute bike ride, his attitudes and opinions were genuine and from the heart.

In his specialty of medicine, euthanasia is a common concern. Neonatology approaches euthanasia from the opposite direction from other specialties. While dealing with older people, the major concern often revolves around "death with dignity"; after an individual has lived a long life, leaving the earth free of pain, humiliation, and dependance is important to many. With infants, however, people often look at the potential for a prosperous life and must base decisions on unknown potential for the child's livelihood. Julian recognized these dilemmas and approached them calmly. When asked about the Jewish obligation to maintain life at all costs, he seemed to emphasize the family in making life decisions, suggesting that there were occasions when it was in the best interest of everyone involved to allow a baby to die.

His job was merely to suggest possible courses of treatment and leave it to the family to tell him what is best. In most cases, he admitted, the family does what is prescribed by the doctor in order to best insure the newborn's chances of survival. Julian did not view his power to control which babies survive and which do not as a great burden. He felt that it came with the job and that his strong commitment to the family was paramount. In fact, there do exist times when a baby's expected life style did become a concern. Socioeconomic status and age of the parents were two demographic factors that were important in decision making. Parents in their later child-bearing years may be more tolerant of a deformed child than a younger set of parents with greater fertility potential. Handicapped children often require more attention for a variety of reasons than

does a healthy child. The parents may not be able to afford to stay home or hire help to nurture the child.

Like other non-observant physicians I spoke with, Julian cited Judaism as being adaptable in order to make new policies for dealing with new technology. One example he mentioned involved autopsy. In the Jewish faith, autopsy is strictly forbidden. In this case, an infant was born with both legs articulated so that the child's gender was undetermined. After the baby's death, its gender needed to be determined for the death certificate. The doctors consulted a rabbi who granted permission for the autopsy in the specific region needed. The rabbi spoke to the parents, said the appropriate prayers over the child, and consequently gave the parents the "religious confidence" to allow the autopsy.

Nelson and Julian practice medicine in a context very assimilated into American culture. Although both possessing a strong Jewish identity, they lead a limited religious life and thus do not bring theology into their medical practice unless it is important to the patient. Concerns over the sanctity of life are secondary to the expectations and needs of the patient and his/her family for a prosperous and worthwhile life. There are times when the fleeting moments of life are worth sacrificing for a death with minimal pain and salvaged dignity.

There were other informants, however, who were more concerned with life in itself than with the individual's own conception of when death can be confronted. As we move further along the continuum, these informants are approaching a much more religious lifestyle and consequently adding Jewish precepts into their practice to a greater degree.

The first of these more religious informants shall be known as Joshua. He is currently a practicing cardiovascular surgeon. Joshua engages in prayer daily and claims to live his life according to Halachah. He maintains a "kosher"

home(the kitchen and eating areas are cleaned in such a way that only "kosher" foods may be cooked and eaten in them) and is a member of a religious congregation in the community where he lives. Unlike other religious Jews, Joshua does not feel that a religious lifestyle is exclusive. "There are many ways of expressing Judaism and the religious way is just one. Someone is not a bad Jew if they are not religious." He maintained a religious home because of his belief in God and because of the influence his upbringing had on making him want to continue certain traditions.

He did not know how Halachah required him to conduct his medical practice. He could not specify any one way in particular that Jewish law influenced his medical decisions. Good judgment and fairness to his patients were the guiding forces in his medical practice. Joshua had some interesting ideas about God's intervention in medicine. There were a few inconsistencies within medicine that he thought could not be dictated by God. For example, malpractice suits, according to Joshua, would not exist if all of medicine were controlled by God. Another example is iatrogenic(doctor-induced) complications. His point here was that following Halachah as one practiced medicine was impossible; there are many instances in medicine where he feels that God could not be involved because of the negative effects whereas God would only contribute goodness. In other words, if God were to completely control medicine through Halachah, many of the bad things that exist in medicine would not be there.

Joshua offered several examples. A patient is referred to him from another doctor; there is great financial incentive for Joshua to operate on the patient, but the patient tested positive for the AIDS virus. The surgery would improve the quality and possibly the length of his life. Joshua made the decision

not to treat the patient out of fear for his own safety as well as the safety of his colleagues and staff. Joshua did not feel that God looked down upon him for making the decision despite the fact that Halachah mandates that the physician always help the person in need. He felt that the patient had other options. There were other physicians he could consult to have the surgery. Joshua felt that in the eyes of God, he made the right decision. Protecting himself and the others who would be involved in the operation was of greater concern than the health of the patient. He also noted that agonizing over the situation and making a calculated decision was also good enough for God's approval.

A second example involved an elderly man with kidney failure. His problem required him to be on dialysis four hours per day, four days per week. He grew very weak and lost all substance to his life. He had a great deal of trouble with mobility and ultimately his life revolved around his four weekly journeys to the dialysis machine. He became more of a burden on his wife and family than he felt comfortable with and in general was not getting much satisfaction out of his life. He was, at one point, admitted to the hospital for a different complication. While there, he made the decision to discontinue the dialysis treatment, which would result in him ultimately poisoning himself to death. Joshua felt that this decision by the man was justifiable. He felt that the rational person has every right to decide his/her own fate, especially in this situation where the man had had the opportunity to live a relatively full life.

Although Joshua leads a religious life in prayer and ritual, his attitudes within the medical context are somewhat removed from Halachah. Granted that Halachah is very liberal in defining ways to handle life and death situations, Joshua's views still remain very much within the mainstream of American

medicine. As will be seen with my next two informants, however, it is possible to bring Halachah into medicine directly.

One special informant relationship that I developed was with a young neonatologist, David. He was born and raised in South Africa but came to America to learn Talmud. His parents' home had not been very religious. They kept Kosher and celebrated the Shabbos weekly, but were not as religious as David is today. David became aware of his Jewish identity when he came to America, and today he lives strictly by as many Talmudic laws as are applicable to his life. He does not feel that following Jewish law is a burden, but that there simply is no other way to conduct life.

Pressures to perform, achieve, look "right", and be wealthy often pose difficult dilemmas for Americans. Despite living in this society, David does not recognize any of these common American pressures. His convictions about living the Jewish lifestyle are deeply rooted. This is not to suggest that he is naive or does not understand the "American way," but I could never see his beliefs influenced by outside pressures. Many of his opinions on the Jewish life-style would not fall within the mainstream of American thought. One example of this was revealed when we discussed the purpose of life events. David feels that everything that happens in life has a purpose; this includes the good and the bad. Many people make similar comments about the will of God, but when David made the comment, it was more convincing than I have ever heard. By listening to him, I could almost visualize his God, in a physical sense, directing the actions in his life. Another example of his intensity came whenever he quoted the Bible. To me, Biblical references were always akin to myth. The Bible is a collection of stories from which themes can be taken and applied

toward real life. When David quoted the Bible, his confidence in the stories made it sound like documented history.

Of all the religious people I have encountered in my life, the extremist Born Again Christians, Krishnas, etc., David was the most extreme. While I have been around religious Judaism throughout my life, I was never able to understand the value or purpose of leading a religious life until speaking with David. My willingness to understand him, and his willingness to want me to understand his ways, made our limited relationship very close.

We met on two separate occasions. During the first meeting, we spent very little time talking about medicine. He gave me a very clear synopsis of his views about Judaism and morality in life. He repeatedly emphasized that there simply was not enough time to talk about any subject completely. However, he did want to make sure that I had some background in Judaism before we jumped into the subject of medicine.

During the second meeting, we talked extensively about medicine. Knowing of my interest in the medical field, David took me around the new-born intensive care unit and pointed out some of the ailments from which the babies were suffering. While we were in this setting, David seemed to me like any other American doctor. The terms and expressions he used were all very similar to those used by other doctors I had met with. When we sat down to talk, however, he was much different. The way he used religion to enhance every aspect of his life was striking throughout the conversation. I did not feel as though he sparkled of purity because he was blessed by God. But his discipline and highly directed attitudes added significance to the overall quality of his life. It gave me a new understanding of the value of a religious lifestyle.

David's attitudes toward medicine were well enclosed within the traditional framework of Judaism. He commented that he consulted rabbis for advice regularly and that for him to telephone a scholar in Israel from Chicago was not unusual. He claimed that there was no singular source of information and that more than one answer was possible for a given problem. David felt that there were very few rabbis who are learned enough to make difficult medical decisions. In the cases where more than one right answer is possible, David would consider both potentially applicable to the situation. He also explained that the people he contacts are such authorities on Jewish law that there can never be a mistake in their interpretation. If a mistake is made and an action performed that does not follow Jewish law, it is because David made a mistake in explaining the situation to the rabbi. When he did seek the advice of the rabbis, this was not merely consultation from which information would be incorporated into his decisions on a particular case. David takes the judgment of the rabbi as fact and applies it directly to the case.

Probably the most powerful experience that I had with this informant occurred when we discussed the real motivation behind maintaining the Jewish spirit. I was trying to understand how Judaism was going to become more lenient in its practices while trying to fit into American medicine when David summed up the Jewish attitude eloquently. His first statement in this summation was simply, "Judaism is a matter of principle! Jewish law cannot be sacrificed for anything." Beyond this remark, he went on to discuss how European immigrants coming to America made it harder on themselves because they held to Jewish law. Finding work on Ellis Island was a weekly ordeal, for men refused to work on Saturday and thus frequently lost their jobs. Dedication and commitment were what has kept Judaism strong for nearly 6,000 years.

David's comments revolved around the fact that every situation in the world was meant to happen, including the agony of an early death or a terminal illness. One can understand the will of God by following, strictly, Jewish law. For David, this takes much of the weight off intense medical dilemmas. He understands that every medical problem has a purpose and that he is only expected to do the best that he can to help the individual. Maintaining Judaism is of highest priority in all aspects of his life. While David was able to clearly separate religion and medicine, he stayed the most unassimilated into American norms and ideals. Religion is more for him than merely a way to have a comfortable home and introduce high moral values to his children; Judaism is involved in every aspect of his life without regard to outside influence.

A final important point that David made concerned the "wholeness" that exists in Jewish knowledge. He used a hotel as an analogy. If the hotel represents a Jewish way of life, medicine would take up merely one room. The body of Jewish knowledge is so broad and appreciates so many different aspects of life that medicine is only one aspect of the larger picture. Medicine itself is a gigantic body of knowledge that encounters many aspects of life. However, this body of knowledge is constantly changing. A doctor from one-hundred years ago probably could not practice medicine today because of the differences in knowledge that exist now. In contrast, as David perceives it, Judaism never changes. It has been constant for nearly 6,000 years.

The other highly religious doctor I will describe was a wonderfully eccentric cardiologist named Cass. He is considered by his peers, both personal and professional, as among the most brilliant they know. People are flabbergasted at the quantity of information that the man can retain. Even during our conversation, references to founders of basic principles in chemistry and

physics were beyond my reach even though he learned them twenty years ago and it was only last year for me. Yet, as I glanced around his living room while he looked up some sources for me, I was amazed. His model train set was sitting waiting to be opened after I left. He had just received it as a gift from his wife and could not wait to get at it. On the coffee table sat a huge plastic castle with which he and his daughter played.

Our conversation took place in the living room where all of the toys were set up. The content of our discussion was among the most resourceful of all my informants as I will go on to describe, but it was what happened during the conversation that was completely bizarre. For example, his daughter decided to practice a piano piece on a synthesizer about five feet from the couch where the doctor and I were talking. Oddly enough, the doctor kept the conversation going while she was playing at an equal volume. Meanwhile his wife was in the kitchen having a conversation with herself. At one point, a cabinet full of pots and pans came crashing down and, again, made a tremendous amount of noise. The doctor paused briefly to ask if she was "Okay" and then proceeded to keep talking.

Despite what appeared to me as a circus, but to him merely a normal quiet evening with his family, he was able to provide me with a different perspective on the subject of medical ethics. Being a cardiologist, this doctor is involved with many situations that deal with ethical questions. He affirmed to me strongly that he abides by the Jewish position on the sanctity of life. He also indicated that he is, at times, perceived by his colleagues as being "inhumane" and immoral for sustaining life longer than is needed. To him, each extra second that a person can be sustained is valuable to that person's life and is additional time for that person to serve God. Even if the dying person is able to

come to peace with some aspect of his/her life in their own mind during the suffering, it is worthwhile for them to be kept alive.

He gave an excellent example of a situation in which enduring suffering fulfilled an individual's life. The story was about a man who was in the Nazi concentration camps during the second world war. He met a Polish woman with whom he subsequently fell in love. As he was in the concentration camp and she was not, she was able to choreograph an escape for him. After being saved by this courageous woman who hoped that they would finally be together forever, he joined many other Jewish people and fled to America to seek refuge. He was forced to live knowing that he betrayed the woman he loved and who had saved his life. The story is resumed when the man lay on his death bed ready to die and Cass is his Cardiologist. He had terminal cancer but was being kept alive as long as possible by Cass. Miraculously, the Polish woman received word of his imminent death. She traveled all the way from Poland to see him. Before he died, he was able to ask the woman for forgiveness for leaving her. He was then able to rest in peace. Today, Cass claims that had the man succumbed to his disease, he would not have had this invaluable opportunity. This story was offered by Cass in support of his contention that life has some value until death is imminent.

We also talked about the history of science and medicine from a religious point of view and where the future may lie. He prefaced this portion of our conversation by saying that from the beginning, Hashem(God) gave man the ability to uncover secrets. The hand of God "pushes" ideas down to us in order to give things a heavenly purpose. For instance the use of machines in medicine are to achieve a heavenly purpose. The knowledge for these machines was sent down by God. He claims that there have been too many

huge jumps and steps in the development of science for God not to have intervened. At this point he began citing examples of different scientific theories from a number of different fields that he thought were too monumental to be exclusively man-made. One example was Cacoole's dream of the benzene ring. This man had a premonition during his sleep of what we now know is one of the most important chemical configurations involved in most living organisms. Cass claims this nocturnal revelation must have had a heavenly influence.

The final subject that we talked about was the future of Jewish thought in medicine. We concentrated primarily on the subject of genetics and its ramifications for the application of Jewish law. Cass envisioned a card that each member of society would carry in his or her wallet. This card would contain a complete genetic inventory for the carrier. It could be used for a number of purposes, but the primary use would be for marriage. Before a marriage license could be issued, the genetic cards of both people would have to be compared to insure that the potential for a congenital defect was minimal. Cass claimed that this tactic would conflict with Jewish laws concerning marriage. Since God controls everything, it would probably contradict relationships that seemed right for marriage.

After being introduced to each of these physicians and learning of their attitudes about the way they conduct their medical practice, it is evident that great variation exists. The basis for their attitudes and motivations while practicing medicine seem too dissimilar to be from the same tradition. Yet, each of these doctors is Jewish. Assuming that each of these men has some decendance from nineteenth century Europe, oppression due to anti-semitism, and a similar work ethic, how do they all come to such differing views as to the

appropriate "amount " of Judaism to take with them into medicine? The individuality that exists in Judaism and that has developed strongly in the twentieth century has led to differences in the beliefs of some Jews about appropriate action. As Stromberg pointed out in his article dealing with variation in Swedish Protestantism, "...although the substantive beliefs based in a particular symbolic system may vary greatly, there exists an underlying, fundamental 'structural consensus' that is vital to the sociological coherence and basic unity in ideological orientation in the group as a whole."(Stromberg 1981:14) Despite very different courses of action my informants take in comforting and treating their patients, particularly in dealing with euthanasia, their basic moral ideals are similar. We will explore this further in the following chapter.

Chapter 5

Analysis

I have attempted to illustrate the differences in thought and approach that existed in my informants. Rebelling against traditional, regimented Judaism, many Jews have chosen to assimilate themselves into modern society. This has created a highly individualized population. Each family has a unique way of following ancient traditions. A second point is that since Jewish law is based exclusively on interpretation of the Torah, a gigantic body of literature exists concerning appropriate actions in different situations. There is no list of rules nor one central authority to provide firm guidelines. In this chapter, these points will be tied together in order to understand the paradoxical relationship that exists today between American Judaism and American medicine.

After all of the interviews were finished, I was left with pages of attitudes, opinions, and examples concerning traditional Judaism within modern medicine. Because of the individuality that exists within Judaism, each person had his/her own outlook on life and the application of Jewish law. Judaism has a unique role in each of the lives of my informants. However, there were a few recurring themes in the testimony of all my informants. For these points, it did not matter to what degree Judaism was a part of their lives. Jewish scholars, strictly observant Jews, and Jews who are quite relaxed in their practice of religion all

mentioned very similar qualities about the influence of Judaism on medical practice.

There are no clear solutions to the problem of euthanasia. In ancient Greece, euthanasia was looked upon favorably by society and it was the physician's duty to aid individuals through this act of suicide(Carrick 1985: 129). American society, however, does not view the act of "death with dignity" in a favorable way. Medicine seems to have too much pride to allow individuals to walk away from life just by willing it to happen. Furthermore, our society has refused to give the physician the authority to decide who lives and who is allowed to die. In this context, the Jewish physician who submits his life to Jewish law is relieved of some of the pressure to impose his own beliefs. If American society would allow its individuals to freely end their lives for personal reasons, it might be more evident that observant Jewish physicians would be imposing their religious ideals to sustain people who had the right to end their lives legally. Since American society does value the lives of its citizens, there is some continuity between American and Jewish ideology. Therefore, the Jewish approach to the sanctity of life is not as radical within American society as it would be if euthanasia were legally and morally permissible. But the concept of personal autonomy does create a dilemma for the Jewish physician. Individuals who would like to take "passive" steps to alleviate suffering might be accepted by our society for their choice, but can the Jewish physician accept this and remain in line with Jewish thinking?

The answer is no. According to Jewish law, the Jewish physician must make an effort to maintain life until death is imminent. Surprisingly, my informants are not concerned with this dilemma. Even the most observant Jews in their day-to-day activities were able to separate their religious family lives from

their compassion for the wishes of their patients. This is not to say that Jewish principles do not affect their style of medicine. Jewish ideals and morals, in fact, contribute a great deal to doing things with perfection and in being highly motivated in all aspects of life. Most religious informants, however, were concerned with many of the same societal dilemmas as were nonreligious informants. Even those informants who were closest to bringing their personal religious beliefs into their medical practices saw medicine as a changing discipline that would have to adapt according to the values of the people where medicine was to be practiced. Rabbis, too, were concerned with American norms instead of exclusively relying on Jewish Halachah. Many informants indicated to me that Jewish law was very unspecific in its laws about the requirements for saving a life. David, who contacts scholars in Israel for advice on how to approach different cases, acknowledged that the rabbinical advice was molded according the realities associated with the particular medical problem. In other words, the physician is free to decide what is necessary to save any life. This, initially, was a deceiving point of view because most other aspects of a religious life are highly regimented.

Most of my informants agreed that one must look at the entire set of circumstances(family, degree of illness or damage, financial obligation, etc.) to evaluate the appropriate course of action for a particular patient. Another common remark centered around the American legal system. Some informants became very vocal about the fact that considerations of being sued removed all considerations of theology and ethics from medical situations. Doing what one has to so that legal suits can be prevented is often the highest consideration. These considerations remove the individual from the religious context. 1988 is not 500 B.C.E.: other considerations must be taken into account in dealing with a

dying patient other than applying strict rules dictated by Jewish precepts. One informant claimed that "humanitarian" concerns are paramount to applications of Halachah even in the primarily Jewish state of Israel. Israel has adopted modern Western medicine, but one would expect Jewish Halachah to be followed there more closely . These comments would all indicate that Jewish attitudes about how a physician should approach a dying patient are not specific.

The religious individuals had a much more sophisticated view of religion and the methods Judaism will implement to remain a faith of great integrity. Religious people see Judaism as a guide to lead a respectable life in the eyes of God; whereas nonreligious people see Judaism itself as being adaptable, religious individuals see humans as being adaptable. "We can apply Judaism to our lives in order for us to cope with the realities of the world," said one religious informant. Nonreligious people only look for ways that Judaism can change to fit into modern Western society. Religious Jews look to Judaism to maintain a level of "rightness" or integrity as they exist within the modern world.

This project has allowed me to reach an important understanding of how observant Jews fit into American medicine. The way that some of these physicians are able to leave religious beliefs at home and practice medicine in a similar fashion to nonobservant doctors was an important finding. Differences in the attitudes of my informants concerning the purpose of religion was another important finding. Nonobservant Jews see Judaism as being adaptable and a changeable entity. Observant Jews look to Judaism as a constant that can be used as a tool for personal change. Judaism as a whole, however, seems to possess an understandable God. His people have developed a strict way to live

that represents their faithfulness and goodness in His image. But this deity is tolerant of personal variation and concerns of self-interest. A Jewish person can consider himself/herself under the "protection" of God even if they do not follow important religious practices.

For many of my observant informants, medicine is spoken of as a hobby. It is a side endeavor to their main pursuit of understanding Jewish law and the Torah. From a religious point of view, I now better understand the broad range of Jewish beliefs. Individuality and a personal relationship with the precepts of Judaism have existed within the tradition for thousands of years. Different levels of observance are a part of the Jewish tradition. Judaism will move through time providing its followers with a guide in which every modern challenge can be interpreted and solved in a moral and worthwhile manner.

Sherry Ortner(1984:146) sees anthropology in the eighties as belonging to the "practice theorists." Their view is that "the system"(Judaism or American culture) has very powerful, even "determining" effects upon human action. Yet, extremists such as David who live by the principles of Judaism are able to maintain a dual existance within American culture. It seems that many Jews are able to subscribe to the Jewish faith while in America, yet maintain a relatively independent basis for decision making in medicine. According to Ortner(1984:159), the "system" is viewed as an "...unordered reservoir of 'resources' that actors draw upon in constructing their strategies." The modern versions of practice theory indicate that: "society is a system, that the system is powerfully constraining, and yet the system can be made and unmade through human action and interaction." This theory lends proof to the fact that David, as with others, is able to draw from both systems as he constructs the management of his life.

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